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ABSTRACT

This paper presents findings of a case study that examined the role of the principal in generating community services to address students' health and social needs. The school under study was an urban elementary school in Austin, Texas, which had implemented an innovative program to address student health problems. Data were derived through document analysis, observation, and interviews with the principal and other personnel. Findings suggest that successful collaboration between the school and community social services depends on the principal's role in making contacts, providing support, and being visible in the larger community. School leaders must be familiar with five factors that affect collaborative efforts--the community's sociopolitical climate, the communication and problem-solving process, people, policies, and resources. The role of the principal in attracting community services to the schools is becoming a fundamental one. Finally, participation in such community-school programs requires comprehensive, interdisciplinary evaluation. (LMI)

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The Role of a School Leader in Generating Community Services

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Introduction

The challenge of meeting the learning and social needs of children and youth has become more complex in recent years. It has been reported that "in 1993 more than 23% of America's children were living below the poverty line and thus were at risk of failing to fulfill their physical and mental promise. Because these children bring the risks with them in the first day of kindergarten, it becomes a vital job of the schools to overcome these risks" (Hodgkinson, 1993, p. 620). Hodgkinson further asserts that "Schools should be assessed on how well they and other agencies responsible for youth development meet the challenges posed by these children" (1993, p. 620). Thus, schools have created a variety of student assistance programs (dropout prevention, drug abuse prevention, gang awareness and response, and parent involvement are a few examples) in an attempt to reduce the negative influences of the social and economic factors related to student learning. As the complexity of related consequences increases however, the role of schools and school leaders must go beyond the educational system.

School leaders have begun to take initiative not only in creating innovative prevention programs and partnership projects but also in bringing social services closer to schools. Partnership programs have expanded from basic cooperation efforts to elaborate collaboration programs that call for joint planning, implementation, and evaluation of outcomes (Henderson and Antelo, 1992). In addition, some school leaders have taken the lead in reaching out to social agencies so that school

children may have access to social and health services, particularly in relatively new neighborhoods.

Similarly, researchers and practitioners have been engaged in search of a better understanding of the role of the principal since Cubberly published, *Public School Administration* in 1916. The role of the principal has been viewed from various perspectives because educational administrators "responded in a variety of ways to the demands for efficient operation of schools" (Callahan, 1962, p. 95). Most recently, school administrators are seen as instructional leaders, curriculum experts, and facilitators (Tanner, 1988). There have been, however, few examinations of situations in which the principal deliberately chooses to engage in the generation of community services and decides to personally influence, attract and generate those services. The following exploratory case study is an examination of such a situation. This paper focuses upon the need to understand the expanding role of the school administrator and reports upon the process, communication, and coordination necessary to bring social services closer to schools so that the welfare of young people and student success are the result of shared responsibility, authority and leadership. It begins with a review of the need for comprehensive services and includes an explanation of the methodology used, a description of the school's setting, health center and other social services, and the role of the principal. It concludes with some implications of the present challenges to the coordination and assessment of actual outcomes of integrated social services.

Background Information

Schools are faced with the challenge of providing education to a growing and increasingly diverse population. As reported by Hodgkinson (1993),

> While the national population grew 9.8% during the 1980s, certain groups grew very rapidly, and others posted only small increases. The number of non-Hispanic whites grew by 6%; of African-Americans, by 13.2%; of native Americans, by 37%; of Asian-Pacific Islanders by 107%; of Hispanics of all races by 53% (p. 619).

Bruner (1991) points out that all children bring more than just educational needs into the classroom:

> In addition to needing a strong educational system to succeed, children need adult support, attention and love. They need proper nutrition and health care. They need a safe place to live. They need guidance in developing their entities, including a supportive peer culture. They need role models that demonstrate the benefits of work, learning, and self-discipline (p. 4).

Melville and Blank (1990) note that severity and complexity characterize the needs and that:

> School failure increasingly functions as a proxy measure for a raft of often overlapping problems that burden the lives of and limit the horizons of our young people: teen pregnancy;

> unemployment; delinquency; child or substance abuse; and others. A growing proportion of America's children need easy access to a broad array of high quality services and support that seek to prevent, as well as to treat, their problems and that recognize the interrelationship among their education, social service, health, child welfare, mental health, unemployment and training needs. Instead, American families are lost in a catch-as-catch-can non-system of public and private services. Too often, this fragmented system offers too little, too late (p. 6).

Among the various reasons why the current system is failing to provide services to children, the following are cited as critical:

> Most services are crisis-oriented; the current social welfare system divides the problems of children and families into rigid and distinct categories that fail to reflect their interrelated causes and solutions; inability to adequately meet the needs of children and families are a lack of functional communication; inability of specialized agencies to easily craft comprehensive solutions to complex problems; existing services are insufficiently funded (Melville and Blank, 1990, p. 6-8).

Of course many of the educators (including teachers, administrators, and counselors) who are seeking to improve the schools are by now well aware that "while it is (sometimes) convenient to view the delivery of

human services as a problem separate from the structuring of education, the two are inextricably linked" (National Alliance of Business, 1990, p. 59). Many of these educators also realize, that schools, as Melville and Blank (1991) point out, "cannot function as the sole provider of all services that children and families need and still meet their substantial academic responsibilities (p. 8)" but would probably also agree that "schools do offer a critical point of access to outside services and often provide an ideal location for many kinds of assistance offered in one-stop shopping formats" (Melville and Blank, 1991, p. 8). On the other hand, it has been widely recognized that

> school administrators serve as educational representatives to the larger community-communicating school purposes and expectations, creating linkages with social service agencies, seeking out needed resources (human, technical and financial), and responding to the routine informational and professional needs of the learning community (Astuto and Clark, 1992, p. 105-106).

It is only in recent years , however, that the role of the school leader has been recognized as critical in providing students with integrated social services resulting from increases in students' social, emotional and health needs. Additionally, "research has shown that a close working relation between the school and its community is a major component of an effective school" (Webster, 1989, p. 23).

The challenge for school leaders today is to go beyond the traditional communications and relationships with their school communities to assure resources for site visits, volunteer work, etc., not only because of the increase in students' needs but also because the school setting is where the effects of such needs impact student achievement and success. As Melville and Blank (1991) remark, "we believe that education, health, and human services agencies, with so much in common, must join each other as co-equals in orchestrating the delivery of services rather than each struggling on its own- and only succeeding imperfectly" (p. 8).

Methodology

This exploratory study followed a single case study approach (Merriam, 1988; Yin, 1989) in order to gather data and relevant information. The author visited the elementary school in this study on several occasions, analyzed documents, and engaged in extensive interviews with the school principal and other personnel in order to highlight the role of the principal in generating community services for children. The following questions guided this study: What was the role of the principal? Who were involved in the planning, implementation and evaluation of the program? What services are available? What role does the principal play once the program is in place? What knowledge, skills, and attitudes do school administrators need in order to generate community services?

The Setting

An urban elementary school located in the southeast part of Austin, Texas in the community Dove Springs was selected, based upon its reputation and community recognition for an innovative program to address students' hea¹th problems. The school opened in August of 1986 with an enrollment of 778, and today has 1,050 enrolled in grades PK through 5th. The school was selected to participate in the School of the Future program in 1990. Although two schools (one elementary and one middle school) are participating in this endeavor, only the role of the elementary school leader, who has been the principal in the school since it opened, is the focus of this study.

The school is within a relatively new neighborhood in an area of the city that has been ignored for sometime. There is very little church presence, no library, no health services, and the promise of a park. In contrast, there is no shortage of children. Many of the children in this neighborhood come from single-family, low income homes. Most of the students are in need of social and health services. As a fifth grade teacher explained: "They have kids where every tooth in their head is a cavity, and the family can't afford the dental care."

At the present time, the school is in its second year of training in the Accelerated School process. Teachers are implementing whole language and literature-based instruction, integrating the curriculum, and using varied instructional strategies such as cooperative learning and shared reading within a heterogeneous classroom. The goal of the staff is that

every student exit the 5th grade at or above grade level. Social skills are taught as part of the instructional program at every grade level.

In a cooperative effort that has drawn attention and praise, city and school officials have joined efforts in the creation of a school-based center to address a wide range of problems concerning students and their needs. The program started with a specific goal: "to design and implement a delivery system for mental health and other social services to the students and their families in the community using the school as the locus for the delivery of those services." Each of the participating schools has a 'multidisciplinary team' that includes a social worker, a counselor, a nurse and an outreach worker. The features of the program are the following:

- School facilities are now used by various organizations.
- Community organizations are providing after school programs and personnel.
- Programs are designed to meet the needs of the student population.
- Partnerships have been formed with two different universities which provide counseling and academic support.
- Partnerships with community business have been enhanced thus increasing the availability of mentors and tutors for students.
- Parents, community members, school and district personnel work together on the Advisory Board to set program goals.
- An evaluation component is included in the program by the grant.

The resulting programs currently in place include a Child and Family Counseling program, the Roving Leader Program, a Girls Scout Troop, a Boys & Girls Club, Leadership Club, an Arts & Crafts Program, Police Activities League , After School Tutoring Police Activities a Mentor Program, a Parent Support Group, Parents as Teachers and a Health Service Center. The evaluation component consists of conducting a follow-up of students, surveying teachers, and developing a profile of each student's attendance and achievement.

The Role of the Principal

The school principal became aware of the need for health and community services as a result of the high percentage of chronic absences. A survey of the community determined that social services were lacking, probably as a result of both newness and geographic isolation from social agencies. Considering the potential effect of this situation, the principal contacted key officials in the school district to learn about the possibility of a Hogg Foundation Grant to begin to solve the problem. A team comprised of the principal, the drop-out coordinator, and the counselors of the two schools submitted a proposal and received a five thousand dollar 'School of the Future' grant The purpose of the grant was to seek resources identified by the school and community and to bring free resources into the school. The grant was used to cover expenses associated with some staff salaries, supplies for workshops, and teacher in-services on community services.

Additionally, the supervisor of nurses for the school district and the coordinator of children's health programs for the city/county health department jointly developed a pilot program and began seeking funding in the Fall of 1992. City officials provided $132,000 to get the program off the ground and as a result, city and school officials are staffing school-based service centers to address a wide range of problems concerning students and their families.

The program functions under the leadership of a Management Team which includes a social worker, one nurse from the school and one nurse from the city's Health Services, a counselor (who acts as the team leader), and one facilitator. The principal attends all meetings, approves programs and assigns a contact person for the school.

The role of the principal included scanning the environment, determining what needed to be done, providing assistance for the more intensive and comprehensive surveys conducted by the school facilitator, and contacted key people in the school district as well as the larger community. Once the program started, the role of the principal became a supporting one. The principal is visible for all people offering resources. She is the lead person in initiating programs for the school and provides assistance as needed.

As the program expanded, the need for a Community Services Committee became evident. The committee includes teachers, counselors, and the facilitator. The purpose of the committee is to review "who is getting what," what services are available, and to coordinate among the

services provided so that every student, rather than just a few, has access. Additionally, a School-Based Leadership Team is used in order to reduce conflicts between community services and the delivery of instruction, with the principal acting as support person.

Conclusion

This exploratory case study attempted to highlight the role of the school leader in generating community services to address the health and social needs of students. Although generalizations cannot be made based upon a single case, it can be asserted that the role of the principal in generating community services to address the needs of children is becoming fundamental. The results of this case study suggest that collaboration between schools and community social services is possible and the results positive, provided the school leader plays a key role in the initial scanning of the environment, contacting key individuals (both in the school district and in the community social service agencies), providing assistance and support, and being visible in the larger community. As the principal remarked: "It is really, really taking off. They are doing a lot of outreach with our families. Some of them are getting hooked into resources in the city, and parents are beginning to follow through." Similarly, the supervisor of the school district's nurses stated that "adding the pilot program already has influenced dozens of families to make lifestyle-changing decisions about their overall health." She further commented that "people in the community need a better knowledge of available health-care options. That particularly holds true

for families in some hard-pressed neighborhoods, where many families are without health insurance and have not had regular medical and dental care."

As these kinds of programs expand, stronger working relationships between school nurses and city-funded nursing support personnel and other key officials will need to be developed, not only to assure student success but to encourage the entire community to think about what kind of health care and social services their children are receiving. Sound processes of communication and coordination of services will have to be worked out when future programs of this nature are developed, implemented and evaluated. As Hodgkinson (1993) suggests, "coordinating services in the best interests of young people would make a fine agenda for the next decade" (p. 622).

The assessment of collaborative services' outcomes should be pursued so that the actual effectiveness and success of such services can be measured. Therefore, the operational dimension of an effective collaboration endeavor should include at least three components: partnership structure, leadership and administration, and evaluation and follow-up, in addition to clear policies and strategies (Antelo & Henderson, 1992). Consequently, school leaders will need to have the background knowledge and skills associated with effective collaboration dynamics. As Melville and Blank (1991) suggest, they will need to be familiar with at least five factors which may affect all collaboration ventures:

Climate: the Environment for Change. The social and political climate in a neighborhood or community is the first factor likely to influence an interagency initiative.

Process: The Heart of Partnership. The second critical variable in creating and sustaining interagency efforts is the communication and problem-solving process participants use to establish goals and objectives, agree on roles, make decisions and resolve conflicts.

People: The Human Dimension. The people who lead, participate in, and eventually implement the activities of interagency initiatives constitute the third variable affecting the growth and development of joint efforts. Their vision, commitment, and competence are central to a successful partnership.

Policies: Overcoming Technical Difficulties. A fourth variable affecting interagency partnerships is the set of governing policies which each agency brings to the table.

Resources: Making Change Permanent. The availability of resources will determine 1) whether or not the changes in services and service delivery that the joint efforts have established will become permanently institutionalized, and 2) the size of the population that will eventually benefit from these changes (p. 20-31).

Consequently, school leaders need to realize that they are no longer only "instructional leaders." As the principal of this school remarked, "school leaders must go out in the community and become more visible, open up the school to people, communicate with people about what

happens in school, prepare staff to share and collaborate in order to be informed about available grants, and be prepared for grant writing." School leaders, the principal said, "will need to be prepared to be in constant change, learn team planning, (how to work with community members), and develop collaborative planning, shared vision, and interaction and collaboration skills."

Although the importance of evaluation and follow-up of collaboration efforts is stressed (Antelo & Henderson, 1992; Bruner, 1991; Melville and Blank, 1991), "outcome-based evaluation methodologies for services provided in the complex, social world are still evolving and require adaptation, just as the collaborative initiatives that are the subject of evaluation are evolving and require the flexibility to adapt" (Bruner, 1991, p. 13). It is important to evaluate the effects of social services on student learning. As Bruner (1991) asserts, "if programs are to *creatively problem-solve* rather than strictly follow administrative rules or professional practice standards, program evaluation must be driven towards measuring outcomes, i.e., whether the problem was solved" (p.18).

As educators, including school leaders, and social service professionals engage in the search for strategies to meet the needs of youth and children, the focus should be comprehensive and the evaluation of actual outcomes pursued in the early stages of development of any program or service. Therefore, "judgments of effectiveness should be comprehensive and interdisciplinary rather than narrowly defined

comprehensive and interdisciplinary rather than narrowly defined because strategies focusing upon individual students. . .may occasionally . . .improve individual educational performance but community-wide strategies are necessary if most students are to escape pervasive environmental risks" (Bruner, 1991, p. 12). Since the ultimate goal of interdisciplinary outcome measures should show reduction in major risk factors and increased student learning, questions about the actual outcomes of collaborative services, the effect of social collaborative services on student learning, and how do we know if collaboration is happening and working to meet the needs of children and youth remain to be answered.

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